Under the

PTO/SB/17 (40-07 Approved for use through 06/30/2010. OMB 0851-0032

Small Entity

Fee (\$)

25

105

185

Fee Paid (\$)

\$970.00

Multiple Dependent Claims

Fee (\$)

50

210

370

Fee (\$)

OMMERCE ol number

Effective on 12/08/2004.	Complete if Known
Reduction Act of 1995 no persons are required to re	espond to a collection of information unless it displays a valid OMB contro
	U.S. Faterit and Trademark Office, U.S. DEFARTMENT OF CO

Dee Noursuant to the	Consolidated Appropriations Act, 2005 (H.R. 4818).
FEE	TRANSMITTAL
	For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)970.00

Complete if Known					
Application Number	10/540,824				
Filing Date	June 23, 2005				
First Named Inventor	Jean-Yves Le Naour				
Examiner Name	Dinh Thanh Le				
Art Unit	2816				
Attorney Docket No.	PF030002				

METHOD OF PAYMENT (check all that apply)
Check Credit Card Money Order Other (please identify):
Deposit Account Deposit Account Number: 07-0832 Deposit Account Name: Thomson Licensing, LLC
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card
information and authorization on PTO-2038.
FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

		FILING FEES SEARCH FEES Small Entity Small Entity		EXAMINATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	***

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

munipie dependent c	laillis			
Total Claims	Extra Claims	<u>Fee (\$)</u>		Fee Paid (\$)
20 or HP =	x		=	
HP = highest number of tota	I claims paid for, if gr	eater than 20.		
Indep. Claims	Extra Claims	Fee (\$)		Fee Paid (\$)

-3 or HP =

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Total Sheets **Extra Sheets** Fee (\$) Fee Paid (\$) (round up to a whole number) x Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal and Two (2) Month Extension of Time

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SUBMITTED BY Registration No. 34,721 Şignature Telephone 212-971-0416 (Attomey/Agent) Name (Print/Type) Jack Schwartz Date October 12, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering preparing, and submitting the completed application for to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS If you need assistance in completing the form, call 1-800-PTO-9199 and

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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